| Ceremonial Role Events and Ticl | ket/Pass | Distributions | | A Public Document |
|--------------------------------------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------------|-------------------------------|
| . Agency Name | | | Date Stamp | California 802 |
| County of Los Angeles | | | | Tomi = - |
| Division, Department, or Region (If Applicable) |) | | | For Official Use Only |
| Board of Supervisor, First District | | | | |
| Designated Agency Contact (Name, Title) | | | | |
| Barbara Garcia, Ticket Administrator | ······································ | | | |
| Area Code/Phone Number E-mail | | 4.0.000 | Amendment (Must pro | ovide explanation in Part 3.) |
| 213-974-4111 bgarcia@bos | .lacounty.g | ov | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | 7.5 | 5.00 |
| Does the agency have a ticket policy? | Yes No | Face Value o | f Each Ticket/Pass \$ | 5.00 |
| Event Description Dodgers | | Date(s) 8 | ,1 ,2019 | |
| Provide Title/Expla | anation | | | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | If no: Dodge | | |
| Was tisket distribution made at the behast | 🔽 | | Name of Sout | |
| Was ticket distribution made at the behest of agency official? | No⊠ Yes | If yes: | Official's Name (La | est, First) |
| . Recipients | | | | |
| Use Section A to identify the agency's department or a | ınit. • Use Se | ection B to identify an individu | ual. • Use Section C to identi | fy an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| Staff | 2 | Per ticket policy 5.3 | (k) | |
| | Number of | | | |
| B. Name of Individual (Last, First) | Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| | | Ceremonial Role If checking "Ceremon | Other island on "Other" describe below: | Income |
| | | Ceremonial Role If checking "Ceremon | Other I all Role" or "Other" describe below: | Income |
| | | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | | | | |
| | | | | |
| . Verification I beyve read and understand PPPC Regulations 18944.1 and | 18042 (have :: | regified that the distribution and 5 | odh shove is in secondara with | the manifement- |
| | 16942. I nave v a Garcia | | onn above, is in accordance with et Administrator | 08/16/2019 |
| Signature of Agency Head or Designee | Print Na | | Title | (Month, Day, Year) |
| against a rightly root of bodyriot | r mr. ival | | TIDE | (Month, Day, Year) |
| Comment: | | | | |

| Ceremonial Role Events and Tic | ket/Pass | Distributions | | A Public Document |
|-------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|
| 1. Agency Name | | | Date Stamp | California 802 |
| County of Los Angeles | | | | Form OUZ |
| Division, Department, or Region (If Applicable | e) | | 1 | For Official Use Only |
| Board of Supervisor, First District | | The state of the s | | - |
| Designated Agency Contact (Name, Title) | | | | - |
| Barbara Garcia, Ticket Administrator | | | Amendment (Must pro | Dyide explanation in Part 3 \ |
| Area Code/Phone Number E-mail | w | | | ovide explanation in Fan 3.) |
| 213-974-4111 bgarcia@bos | s.lacounty.go | OV | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | 45 | 5.00 |
| Does the agency have a ticket policy? | Yes⊠ No | Face Value of | of Each Ticket/Pass \$ | |
| Event Description Dodgers Provide Title/Exp. | lanation | Date(s) 8 | , 2 , 2019 | |
| Ticket(s)/Pass(es) provided by agency? | Yes□ No | _ Dodge | | |
| Was ticket distribution made at the behest | No⊠ Yes | | Name of Sour | rce |
| of agency official? | NO Hes | If yes: | Official's Name (La | ast, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or | Number of | g i fagus kracima i territore de | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| Staff | 2 | Per ticket policy 5.3 | (k) | |
| | | | | |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| | | Ceremonial Role If checking "Ceremon | Other Other describe below: | Income |
| | | Ceremonial Role If checking "Ceremon | Other Lial Role" or "Other" describe below: | Income |
| | | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | | | | |
| | | | | |
| 4. Verification | JIL | | | 100 |
| I liave read and understand FIPPC Regulations 18944.1 and | | | | |
| (1104)00 Joy | a Garcia | | t Administrator | 08/16/2019 |
| Signature of Agency Head or Designee | Print Nan | ne | Tille | (Month, Day, Year) |
| Comment: | | | | |

| Ceremonial Role Events and Ti | cket/Pass | Distributions | | A Public Document |
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| 1. Agency Name | | | Date Stamp | California 802 |
| County of Los Angeles | | | | Form OUZ |
| Division, Department, or Region (If Application) | ble) | | 4 | For Official Use Only |
| Board of Supervisor, First District | | | 1 | |
| Designated Agency Contact (Name, Title) | | | 1 | |
| Barbara Garcia, Ticket Administrator | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Mus | t provide explanation in Part 3.) |
| 213-974-4111 bgarcia@b | os.lacounty.go | ov | Date of Original Filing | (Month, Day, Year) |
| 2. Function or Event Information | | | | 45.00 |
| Does the agency have a ticket policy? | Yes No | Face Value of | of Each Ticket/Pass \$ | 43.00 |
| Event Description Dodgers | | Date(s) 8 | , 3 , 2019 | |
| Provide Title/E | xplanation | Constant of the Constant of th | | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | ▼ If no: Dodge | | |
| | 92 <u></u> | | Name of 3 | Source |
| Was ticket distribution made at the behest of agency official? | No⊠ Yes | If yes: | Official's Name | e (Last, First) |
| | | | | |
| Recipients Use Section A to identify the agency's department | orunit allse Se | ction B to identify an Individ | ual. • Use Section C to ide | antify an outside organization. |
| | Number of | Extrapations for the N | olic purpose made pursua | e de la companya del companya de la companya del companya de la co |
| A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the put | one purpose made pursua | nt to the agency's policy |
| Staff | 2 | Per ticket policy 5.3 | (k) | 1000 |
| | | | | |
| | | | | |
| B. Name of Individual | Number of Ticket(s)/ | | Identify one of the follo | wing: |
| (Lest, First) | Pass(es) | 1 | | |
| | | Ceremonial Role | Other Initial Role" or "Other" describe below | income 🛄 |
| | | | | |
| | | <u> </u> | | |
| | | Ceremonial Role | Other | Income |
| | | | | |
| | | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the put | olic purpose made pursua | nt to the agency's policy |
| | | | | |
| | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| 4. Verification | | 41t <u> </u> | | |
| I have read and understand FIPPC Regulations 18944.1 | | erified that the distribution set i | forth above, is in accordance | with the requirements. |
| Barb | ara Garcia | Ticke | et Administrator | 08/16/2019 |
| Signature of Agency Head or Designee | Print Nar | пе | Title | (Month, Day, Year) |
| | | | | |
| Comment: L | | | | FPPC Form 802 (4/12) |
| | | | FPPC Toll-Free Helpline | : 866/ASK-FPPC (866/275-7772) |

| | neur ass | Distributions | | A Public Document |
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| 1. Agency Name | | | Date Stamp | California QA2 |
| County of Los Angeles | | | | Form OUZ |
| Division, Department, or Region (If Applicable | e) | Act of the second secon | | For Official Use Only |
| Board of Supervisor, First District | | | | |
| Designated Agency Contact (Name, Title) | | | | |
| Barbara Garcia, Ticket Administrator | | A CONTRACTOR OF THE CONTRACTOR | | |
| Area Code/Phone Number | | | Amendment (Must pro | ovide explanation in Part 3.) |
| 213-974-4111 bgarcia@bo | s.lacounty.g | ov | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | Į _d e | - 00 |
| Does the agency have a ticket policy? | Yes No | Face Value of | of Each Ticket/Pass \$ 45 | 5.00 |
| Event Description Dodgers | | Date(s) 8 | , 4 , 2019 | |
| Provide Title/Exp | lanation | Dodge | orc | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | If no: | Name of Sour | rce |
| Was ticket distribution made at the behest | No⊠ Yes | If yes: | | |
| of agency official? | | | Official's Name (La | ast, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or | Number of | In the second section in | | |
| A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| Staff | 2 | Per ticket policy 5.3 | (k) | |
| | | | | |
| | | | | |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| | | Ceremonial Role | Other | Income |
| | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | |
| | | Ceremonial Role | Other _ | Income |
| | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| 8 | | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Verification | | <u> </u> | and the second s | |
| I have read and understand FPPC Regulations 18944.1 and | d 18942. I have v | erified that the distribution set f | orth above, is in accordance with | the requirements. |
| Barbar Barbar | ra Garcia | Ticke | t Administrator | 08/16/2019 |
| Signature of Agency Head or Designee | Print Nar | ne L | Title | (Month, Day, Year) |
| | | | | |

| Ceremonial Role Events and Tic | ket/Pass | Distributions | | A Public Document |
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| 1. Agency Name | | | Date Stamp | California 802 |
| County of Los Angeles | | | | roini - |
| Division, Department, or Region (If Applicable |)) | | 4 | For Official Use Only |
| Board of Supervisor, First District | | | | |
| Designated Agency Contact (Name, Title) | | |] | |
| Barbara Garcia, Ticket Administrator | | | Amandment (Market | provide explanation in Part 3.) |
| Area Code/Phone Number E-mail | | and the same of th | | rovide explanation in Part 3.) |
| 213-974-4111 bgarcia@bos | .lacounty.g | ov | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | | 15.00 |
| Does the agency have a ticket policy? | Yes No | Face Value of | of Each Ticket/Pass \$ | 13.00 |
| Event Description Dodgers Provide Title/Expl | anation | Date(s) 8 | ,5 ,2019 | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | Dodge | ers Name of So | |
| Was ticket distribution made at the behest | No⊠ Yes | | ivarile of So | 1111111 |
| of agency official? | Noe res | If yes: | Official's Name (| Last, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or | unit. • Use Se | ection B to identify an individ | ual. • Use Section C to iden | tify an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | olic purpose made pursuant | to the agency's policy |
| Staff | 2 | Per ticket policy 5.3 | (k) | |
| B. Name of Individual | Number of Ticket(s)/ | | | |
| (Last, First) | Pass(es) | | Identify one of the follow | <u></u> |
| | | Ceremonial Role If checking "Ceremor | Other describe below: | Income |
| | | Ceremonial Role If checking "Ceremor | Other Inial Role" or "Other" describe below: | Income |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the put | olic purpose made pursuant | to the agency's policy |
| | | | | |
| | | | | |
| 1. Verification I pave read and understand PPIC Regulations 18 <u>944.1 and PPIC Regulations 18944.1 and</u> | 118042 have v | varified that the distribution and | forth shows is in accompans | th the requirements |
| 4 1 11. | a Garcia | | onn above, is in accordance wi et Administrator | 08/16/2019 |
| Signature of Agency Head or Designee | Print Na | | Tille | (Month, Day, Year) |
| | , ,,,,, ,, | | | (world, day, real) |
| Comment: | | | | |

| ocicinoma Noic Events and Tie | NCUI ass | Diotributione | | A Public Document |
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| 1. Agency Name | | | Date Stamp | California 802 |
| County of Los Angeles | | | | Form 002 |
| Division, Department, or Region (If Applicable |) | | | For Official Use Only |
| Board of Supervisor, First District | | Management of the second of th | | |
| Designated Agency Contact (Name, Title) | | | | |
| Barbara Garcia, Ticket Administrator | | | | L. D. L. |
| Area Code/Phone Number E-mail | | | Amendment (Must pro | vide explanation in Part 3.) |
| 213-974-4111 bgarcia@bos | .lacounty.go | ov | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | () | | 45 | .00 |
| Does the agency have a ticket policy? | Yes⊠ No | | of Each Ticket/Pass \$ | |
| Event Description Dodgers | | Date(s) 8 | ,6 ,2019 | |
| Provide Title/Expla | anation | Dodge | ove | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | ☑ If no: Dodge | Name of Sour | 200 |
| VA/co ticket distribution made at the helpest | | | Name of Sour | |
| Was ticket distribution made at the behest of agency official? | No⊠ Yes | ☐ If yes: ☐ | Official's Name (La | st, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or it. | ınit. • Use Se | ction B to identify an individu | ual. • Use Section C to identif | y an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| Staff | 2 | Per ticket policy 5.3 | (k) | The state of the s |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | Ceremonial Role If checking "Ceremon | Identify one of the following Other Other item is a control of the control of th | g: |
| | | Ceremonial Role If checking "Ceremon | Other ial Role" or "Other" describe below: | Income |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| | | | | |
| 4. Verification | 1001011 | | | 1 |
| I have read and understand FPPC Regulations 18944.1 and | <i>18942. I have vi</i> a Garcia | | | |
| Signature of Agency Head or Designee | | | t Administrator | 08/16/2019 |
| Signature of Agency nead of Designee | Print Nan | ne | Title | (Month, Day, Year) |
| Comment: | | | | |

| Cere | monial Role Events and Tid | ket/Pass | Distributions | | A Public Document |
|---------|-----------------------------------------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------------|-------------------------------|
| 1. Ag | ency Name | | | Date Stamp | California 802 |
| Cou | nty of Los Angeles | | | | Form OUZ |
| Divi | sion, Department, or Region (If Applicable | e) | | | For Official Use Only |
| Boa | d of Supervisor, First District | | | | |
| Des | gnated Agency Contact (Name, Title) | | | | |
| Bark | oara Garcia, Ticket Administrator | | | | |
| Area | Code/Phone Number E-mail | | | Amendment (Must pro | ovide explanation in Part 3.) |
| 213- | 974-4111 bgarcia@bo | s.lacounty.g | ov | Date of Original Filing: | (Month, Day, Year) |
| 2. Fui | nction or Event Information | | | 45 | 5.00 |
| Doe | s the agency have a ticket policy? | Yes⊠ No | Face Value o | f Each Ticket/Pass \$ 43 | 0.00 |
| Eve | nt Description Dodgers Provide Title/Exp | lanation | Date(s) 8 | 7 2019 | |
| Tick | et(s)/Pass(es) provided by agency? | Yes□ No | ☑ If no: Dodge | ers Name of Sour | се |
| | ticket distribution made at the behest agency official? | No⊠ Yes | If yes: | Official's Name (La | est, First) |
| 3. Red | cipients | | | | |
| | Section A to identify the agency's department or | unit. • Use Se | ection B to identify an individu | ual. • Use Section C to identif | y an outside organization. |
| A. | Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| Staf | f | 2 | Per ticket policy 5.3 | (k) | |
| B. | Name of Individual | Number of | | | |
| <u></u> | (Last, First) | Ticket(s)/ Pass(es) | | Identify one of the followin | lg: |
| | | | Ceremonial Role If checking "Ceremon | Other describe below: | Income |
| | | | Ceremonial Role If checking "Ceremon | Other ial Role" or "Other" describe below: | Income |
| C. | Name of Outside Organization | Number of | | | |
| | (include address and description) | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | | | | | |
| | ification read and understand FIRPC Regulations 18 <u>944.1 an</u> | d 18942 (base | ladied that the distribution of | adh ahaya is is saas daas w | the requirement |
| | Barba | ra Garcia | Ticke | t Administrator | 08/16/2019 |
| Com | Signature of Agency Head of Designee | Print Nar | me | Title | (Month, Day, Year) |

| Ceremonial Role Events and Ti | cket/Pass | Distributions | | A Public Document |
|---------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Agency Name | | | Date Stamp | California 802 |
| County of Los Angeles | | | | Form OUZ |
| Division, Department, or Region (If Applicab | ole) | | 1 | For Official Use Only |
| Board of Supervisor, First District | | | | |
| Designated Agency Contact (Name, Title) | | | | |
| Barbara Garcia, Ticket Administrator | | namina na mana | | |
| Area Code/Phone Number E-mail | | | Amendment (Must p | provide explanation in Part 3.) |
| 213-974-4111 bgarcia@bo | os.lacounty.g | ov | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | | 15.00 |
| Does the agency have a ticket policy? | Yes⊠ No | Face Value of | of Each Ticket/Pass \$ | 15.00 |
| Event Description Dodgers Provide Title/Ex | planation | Date(s) 8 | ,9 ,2019 | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | If no: Dodge | ers Name of So | urce |
| Was ticket distribution made at the behest of agency official? | No⊠ Yes | If yes: | Official's Name (i | Last, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or | | ction B to identify an Individu | ual. • Use Section C to iden | tify an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| Staff | 2 | Per ticket policy 5.3 | (k) | |
| | Number of | | | |
| B. Name of Individual | Ticket(s)/ Pass(es) | | Identify one of the follow | ing: |
| | | Ceremonial Role If checking "Ceremon | Other describe below: | Income |
| | | Ceremonial Role If checking "Ceremon | Other Interest of the state of | Income |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | ilic purpose made pursuant | to the agency's policy |
| | | | | |
| 4. Verification I have read and ungerstand FPPC Regulations 18 <u>944.1 ar</u> | nd 18942 I have v | erified that the distribution so f | ndh shove is in accordance | th the requirements |
| | ira Garcia | Ticke | t Administrator | 08/16/2019 |
| Comment: | Print Nar | ne . | Tille | (Month, Day, Year) |

| Ceremonial Role Events and Tic | ket/Pass | Distributions | | A Public Document |
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| 1. Agency Name | | | Date Stamp | California 802 |
| County of Los Angeles | | | | Form OUZ |
| Division, Department, or Region (If Applicable | e) | | <u>.</u> | For Official Use Only |
| Board of Supervisor, First District | | - Maringa - Ight Carolina - Maringa | | |
| Designated Agency Contact (Name, Title) | | | | |
| Barbara Garcia, Ticket Administrator | | | Amendment (Must pr | ovide explanation in Part 3.) |
| Area Code/Phone Number E-mail | | | | ovide explanation in Fall 3.7 |
| 213-974-4111 bgarcia@bo | s.lacounty.g | ov | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | 1/4 | 5.00 |
| Does the agency have a ticket policy? | Yes⊠ No | Face Value of | of Each Ticket/Pass \$ | 5.00 |
| Event Description Dodgers Provide Title/Exp | lanation | Date(s) 8 | ,10 ,2019 | |
| Ticket(s)/Pass(es) provided by agency? | | If no: Dodge | ers Name of Sou | rrce |
| Was ticket distribution made at the behest of agency official? | No⊠ Yes | If yes: | Official's Name (L | |
| · · · · · · · · · · · · · · · · · · · | | | | J |
| Recipients Use Section A to identify the agency's department or | unit. • Use Se | ection B to identify an individ | ual. • Use Section C to identi | fy an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | olic purpose made pursuant t | to the agency's policy |
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| B. Name of Individual | Number of Ticket(s)/ Pass(es) | | Identify one of the following | ng: |
| | | Ceremonial Role If checking "Ceremon | Other Other Other Delow: | Income |
| | | Ceremonial Role If checking "Ceremon | Other Other Other describe below: | Income |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant (| to the agency's policy |
| | | | | |
| I. Verification | | | | |
| I have read and understand FPPC Regulations 18944.1 and | d 18942. I have v | verified that the distribution set f | orth above, is in accordance with | the requirements. |
| Barbai | ra Garcia | Ticke | et Administrator | 08/16/2019 |
| Signature of Agency Head or Designee | Print Nar | me L | Title | (Month, Day, Year) |
| | | | | |
| Comment: | | | | |

| Ceremonial Role Events and Tic | ket/Pass | Distributions | | A Public Document |
|-------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Agency Name | | | Date Stamp | California 802 |
| County of Los Angeles | | | | TOIM O |
| Division, Department, or Region (If Applicable |) | V | | For Official Use Only |
| Board of Supervisor, First District | | e de la composition della comp | | |
| Designated Agency Contact (Name, Title) | | | | |
| Barbara Garcia, Ticket Administrator | · · · · · · · · · · · · · · · · · · · | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must p | rovide explanation in Part 3.) |
| 213-974-4111 bgarcia@bos | .lacounty.g | ov | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | | 5.00 |
| Does the agency have a ticket policy? | Yes⊠ No | Face Value o | of Each Ticket/Pass \$ | 5.00 |
| Event Description Dodgers | | Date(s) 8 | ,11 ,2019 | |
| Provide Title/Expla | anation | | | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | If no: Dodge | | |
| Was ticket distribution made at the behest | [회 | | Name of Sou | VICE |
| of agency official? | No⊠ Yes | If yes: | Official's Name (L | _ast, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or a | ınit. • Use Se | ection B to identify an individu | ual. • Use Section C to ident | tify an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| Staff | 2 | Per ticket policy 5.3 | (k) | |
| | | | | |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| | | Ceremonial Role If checking "Ceremon | Other ial Role" or "Other" describe below: | Income |
| | | Ceremonial Role If checking "Ceremon | Other Other Other describe below: | Income |
| | Number of | | | |
| C. Name of Outside Organization (include address and description) | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | | | |
| | | | | |
| 1. Verification | 40040 11 | | 4 | |
| I Maye read and understand FIPC Regulations 18944.1 and | <i>18942. I have v</i> a Garcia | | AZ SEL SEL MANDEN AND | |
| | | | t Administrator | 08/16/2019 |
| Signature of Agency Head or Designee | Print Nar | те | Title | (Month, Day, Year) |
| Comment: | | | | |
| Comment: | | | | |